

TRIPURA GAZETTE



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**PART--I-- Orders and Notifications by the Government of Tripura,
The High Court, Government Treasury etc.**

GOVERNMENT OF TRIPURA
HEALTH & FAMILY WELFARE DEPARTMENT
AGARTALA GOVT. DENTAL COLLEGE & IGM HOSPITAL.

No. F.8(20)-AGDC & IGMH/GS/23/8129-43

Dated, Agartala the 10 July, 2024.

NOTIFICATION

The Governor of Tripura is pleased to revise the rate / tariff of the different procedures and treatment of the different clinical departments of Agartala Govt. Dental College & IGM Hospital under Health & Family Welfare Deptt. Govt. of Tripura as below –

This Rate / Tariff chart has been prepared in modification to the earlier rate / tariff chart vide notification No.F.8(20)-AGDC & IGMH/GS/23/2448-58 dated, Agartala the 26th December, 2023.

1. Department of Conservative Dentistry and Endodontics.

Sl. No.	Procedure	Applicable Rate
1	Temporary Restoration/IPC (Per Tooth)	₹100/-
2	Glass Ionomer Cement Restoration (Ketac Molar/GC Fuji) (Per tooth)	400/-
3	Composite restoration– simple Class 1 (Per tooth)	500/-
4	Composite restoration–complex Class1, class 2 (Per tooth)	800/-
5	Composite restoration–class 3, class 4 (Per tooth)	600/-
6	Composite restoration–class 5 (Per tooth)	400/-
7	RCT Single canal permanent teeth –rotary (per tooth including x-ray)	600/-
8	RCT two canal permanent tooth root canal – Rotary (per tooth including x-ray)	800/-
9	RCT three or more canal permanent tooth root canal-Rotary (per tooth including x-ray)	1000/-
10	RCT Permanent tooth root canal- without rotary (per tooth including x-ray)	500/-
11	Post endo GIC (Per tooth)	300/-
12	Post endo- composite (Per tooth)	500/-
13	Tooth Reimplantation (Per tooth)	500/-
14	Restorative MTA application (Per tooth)	800/-
15	Endodontic MTA Application (Per tooth)	1200/-
16	Bleaching (Per tooth)	250/-
17	Crown lengthening (Per tooth)	600/-
18	Fiber post with composite core (Per tooth)	1000/-
19	Metal post with composite core (Per tooth)	800/-
20	Hemisection (Per tooth)	600/-
21	Apicoectomy with retrograde filling (Per tooth)	2000/-

22	Composite Splinting (Per tooth)	100/-
23	Metal inlay/onlay (Per tooth)	800/-
24	RCT with Metapex (Per tooth)	1500/-
25	Endodontic retreatment-single canal (Per tooth)	2000/-
26	Endodontic retreatment-multiple canal (Per tooth)	3000/-
27	Silver Amalgam restoration (Per tooth)	150/-
28	Fluoride varnish application (per tooth)	100/-
29	Caries Risk Assessment	100/-

2. Department of Paediatric and Preventive Dentistry.

Sl. No.	Procedure	Applicable Rate
1	Tooth extraction-single tooth (Per tooth)	30/-
2	Tooth extraction- each additional tooth at same appointment (Per tooth)	20/-
3	Deciduous teeth –temporary restoration/IPC (Per tooth)	100/-
4	Permanent teeth Temporary restoration/IPC (Per tooth)	150/-
5	Pit and fissure sealant (Per tooth)	350/-
6	Glass Ionomer Cement Restoration (ketac Molar/GC Fuji) (Per tooth)	400/-
7	Deciduous teeth anterior composite restoration (Per tooth)	500/-
8	Deciduous teeth posterior composite restoration (Per tooth)	450/-
9	Composite restoration– simple Class 1 (Per tooth)	500/-
10	Composite restoration–complex Class1, class 2 (Per tooth)	600/-
11	Composite restoration-class 3, class 4 (Per tooth)	500/-
12	Composite restoration-class 5 (Per tooth)	350/-
13	Deciduous tooth-Post endo GIC (per-tooth)	150/-
14	Deciduous tooth-Post endo composite (per-tooth)	250/-
15	Post endo GIC (Per tooth)	250/-
16	Post endo- composite (Per tooth)	400/-
17	Pulpotomy –devitalization (Per tooth)	500/-
18	Pulpotomy-vital /regenerative (Per tooth including MTA application)	1200/-
19	RCT Single rooted deciduous teeth root canal (per tooth including x-ray)	550/-
20	RCT multi-rooted deciduous teeth root canal (per tooth including x-ray)	600/-
21	RCT Single canal permanent teeth –rotary (per tooth including x-ray)	600/-

22	RCT three or more canal permanent tooth root canal-Rotary (per tooth including x-ray)	1050/-
23	Re-RCT anterior teeth (per tooth including x-ray)	1500/-
24	Re-RCT posterior teeth (per tooth including x-ray)	2000/-
25	Any canal permanent tooth root canal-without rotary (per tooth including x-ray)	600/-
26	Restorative MTA application (Per tooth)	650/-
27	Endodontic MTA Application (Per tooth)	1500/-
28	Fiber post with composite core (Per tooth)	1100/-
29	Composite Splinting (Per tooth)	150/-
30	Topical Fluoride application (Per application)	500/-
31	Removable space maintainer (Per arch)	1000/-
32	Oral prophylaxis	350/-
33	Stainless Steel Crown (per tooth)	500/-

3. Department of Periodontology.

Sl. No.	Procedure	Applicable Rate
1	Manual scaling	350/-
2	Full Mouth Ultrasonic Scaling	400/-
3	Frenectomy	550/-
4	Frenotomy	550/-
5	Gingival Depigmentation (per-quadrant) scalpel	450/-
6	Periodontal Abscess Drainage	250/-
7	Gingival Curettage	250/-
8	Gingivectomy Single tooth	250/-
9	Gingivectomy Multiple tooth	250+(100 per tooth)
10	Periodontal Flap Surgery with Bone Graft and PRF	2650/-
11	Periodontal Flap Surgery with Bone Graft and Membrane	2550/-
12	Periodontal Flap Surgery per quadrant	750/-
13	Recession Coverage	1950/-
14	Operculectomy	250/-
15	Full Mouth Ultrasonic Scaling with SRP	450/-
16	Periodontal Flap Surgery per quadrant with Bone Graft	1950/-
17	Gingival Depigmentation (per-quadrant) LASER	750/-
18	Composite Wire Splinting (up to 6 tooth)	600/-
19	Fiber Reinforced Splinting (up to 6 tooth)	1250/-

****Surgical Procedures with PRF: Rs. 350/- (Additional)**

**** Surgical Procedures with LASER: Rs. 650/- (Additional)**

4. Department of Oral Medicine and Radiology.

Sl. No.	Procedure	Applicable Rate
1	OPD registration	10/-
2	IOPA X-ray (Per tooth)	50/-
3	Extra-oral Radiograph	150/-
4	Panoramic Radiograph (Per X-ray)	150/-
5	TMJ View (Per X-ray)	150/-
6	Lateral Cephalogram without tracing report	200/-
7	Lateral Cephalogram with tracing report	300/-
8	Punch biopsy (Whole Procedure)	100/-
9	Incisional biopsy (Whole Procedure)	150/-
10	TENS Therapy/Therapeutic Ultrasound	200/-
11	Sialography including radiograph (Per sitting)	300/-
12	Intra-lesional injections (Per sitting)	50/-
13	3-D CBCT with 2(two) films	1000/-
14	3-D CBCT with software planning and reporting	1200/-
15	3D CBCT without films (soft copy only)	700/-
16	3D CBCT with 4(four) films	1500/-

5. Department of Oral Pathology and Microbiology.

Sl. No.	Procedure	Applicable Rate
1	Histopathology (Per sample)	200/-
2	Cytopathology (Per sample)	100/-
3	Bleeding time (Per sample)	10/-
4	Clotting time (Per sample)	10/-
5	Haemoglobin (Hb) (Per sample)	10/-
6	CBC (Per sample)	150/-
7	DLC (Per sample)	10/-
8	TLC (Per sample)	10/-
9	HBsAG (Per sample)	80/-
10	RBS (Per sample)	30/-
11	ESR (Per sample)	10/-
12	HIV (Per sample)	100/-
13	HCV (Per sample)	100/-
14	Blood Group (ABO Anti-D RH factor) (Per sample)	50/-

6. Department of Prosthodontics.

Sl. No.	Procedure	Applicable Rate
1	Complete denture (Single arch)	1000/-
2	Complete denture (complete arch)	2000/-
3	Denture adjustment after 2 months / made from outside (Whole procedure)	200/-
4	Repair of broken complete denture (cold cure). (Whole procedure)	200/-
5	Re-lining/ Rebasing of complete denture (Whole procedure)	200/-
6	Replacement of tooth in complete denture/ partial denture (Per tooth)	100/-
7	Removable partial denture (Whole procedure)	300plate + 100 per tooth (not exceeding 1000 per arch)
8	Faulty acrylic prosthesis removal (Per tooth)	100/-
9	Re-Cementation (each crown)	150/-
10	Crown removal	200/-
11	Metal crown/bridge (Per tooth)	600/-
12	Metal ceramic crown / bridge (Per tooth)	800/-
13	Tooth supported over denture without crowns (Per arch)	1500/-
14	Temporary crown (Per tooth)	100/-
15	Implant supported overdenture-without metal base (Whole procedure)	1500/-
16	Soft Liners (Per arch)	1000/-

7. Department of Orthodontics and Dentofacial Orthopaedics.

Sl. No.	Procedure	Applicable Rate
1	Hawleys appliance (Whole procedure)	500/-
2	Oral screen appliance (Whole procedure)	1000/-
3	Twin-block appliance fabrication (Whole procedure)	2200/-
4	Activator appliance (Whole procedure)	2200/-
5	Bionator appliance (Whole procedure)	2200/-
6	Frankle appliance (Whole procedure)	2200/-
7	Mild case (Metal bracket)-Class-1, mild rotation, crowding etc. (Whole procedure)	6000/-
8	Moderate case (Metal bracket)-Class 1 bimax , C-II Div 1,div2 etc. (Whole procedure)	8000/-
9	Severe case (Metal Bracket) C-II Div 2, C-III, skeletal malocclusion etc (Whole procedure)	12000/-
10	Mild case (Ceramic bracket)-Class-1, mild	8000/-

	rotation, crowding etc. (Whole procedure)	
11	Moderate case (ceramic bracket)-Class 1 bimax, C-II Div 1, div2 etc. (Whole procedure)	12000/-
12	Server (ceramic bracket) (whole procedure)	15000/-
13	Fixed retainer (Per arch)	500/-
14	Removable retainer (Per arch)	500/-
15	Diagnostic model (single arch)	100/-
16	Diagnostic Model (both arches)	200/-
17	Bracket breakage	50/-

8. Department of Oral and Maxillofacial Surgery.

Sl. No.	Procedure	Applicable Rate
1	Dental extraction-single/multiple (Per tooth)	50/-
2	Alveoloplasty	100/-
3	Transalveolar extraction (Per tooth)	200/-
4	Extraction of impacted tooth (Per tooth)	500/-
5	Impacted canine exposure removal (Per tooth)	500/-
6	Orthodontic extraction (Per tooth)	100/-
7	Cyst enucleation / apicoectomy (Whole procedure) under LA	500/-
8	Cyst marsupialization (including dressing change) (Whole procedure) under LA	1000/-
9	Biopsy (Whole procedure)	200/-
10	Oral surgery minor OT procedures under LA (space infection, scar revision, preprosthetic surgery, sinus tract excision, oro antral repair etc) * (Whole procedure)	500/-
11	TMJ Arthrocentesis (Whole procedure)	500/-
12	Oral Surgery minor OT procedures under LA (space infection with ward admission) * (Whole Procedure)	1000/-
13	Fracture closed reduction / splinting of dentoalveolar trauma under LA/ reimplantation avulsed tooth (including arch bar and wire) (Whole procedure)	1000/-
14	Fracture Open reduction under LA including plating /without plates (Whole procedure)	2000* + 1000/ plate
15	Fracture Open reduction under GA including plating/without plates (Whole procedure)	3000* + 1000/ plate
16	Minor oral surgery under GA (enucleation / marsupialization, etc.)* (Whole procedure)	3000*/-
17	Minor oral surgery under GA (osteomyelitis – sequestrectomy / osteoradionecrosis) *	3000* + 2000 SS/ 5000 Ti

	(Whole procedure) + Reconstruction plate	
18	Minor Oral Surgery under GA (OSMF band excision)* (Whole Procedure) + Collegen membrane	3000* + 1000
19	Major surgery under GA (Orthognathic surgery, Cleft Salivary pathology surgery etc)* (Whole Procedure)	5000* + 1000/ plate
20	Major surgery under GA (TMJ Ankylosis) (Whole Procedure) + Reconstruction / TMJ prosthesis	5000* + 2000 SS/ 5000 Ti
21	Major Surgery under GA (Cyst/Tumor resection / Hemimandibulectomy / maxillectomy and reconstruction etc) * (Whole procedure) + Reconstruction plate	5000* + 2000 SS/ 5000 Ti

*Any extra Medicine or surgical implant drive to be purchased according to individual requirement as per consultant's recommendation, SS- stainless steel, Ti Titanium.

9. Department of Public Health Dentistry.


Sl. No.	Procedure	Applicable Rate
1	Temporary restoration/IPC (PER tooth)	100/-
2	Glass ionmer cement restoration (Ketch molar / GC fuji) (per tooth)	400/-
3	Composite restoration -simple class 1 (per tooth)	500/-
4	Composite restoration -complex class 1 class 2 (per tooth)	800/-
5	Composite restoration- class 3 class 4 (per tooth)	600/-
6	Composite restoration-class 5 (per tooth)	400/-
7	Silver amalgam restotation (per tooth)	150/-
8	Deciduous Tooth extraction-single tooth (per tooth)	30/-
9	Deciduous Tooth extraction-each additional tooth at same appointment (per tooth)	20/-
10	Deciduous teeth-temporary restoration / IPC (per tooth)	100/-
11	Pit and fissure sealant (per tooth)	350/-
12	Deciduous teeth anterior composite restoration (per tooth)	550/-
13	Deciduous teeth posterior composite restoration (per tooth)	450/-
14	Manual scaling full mouth	350/-
15	Ultrasonic scaling full mouth	400/-
16	Dental extraction-single / multiple (per tooth)	50/-

17	Topical fluoride application (per application)	500/-
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- Rates are subject to change as per Govt. policy.
- The approved rate will be reviewed every year and may be changed as per material cost of the market.

This is issued as per kind approval of the Government of Tripura, Health & Family Welfare Deptt. Vide U.O. No.998/CM/2024 dated, 03.07.2024.

By order of the Governor,


(Smt. Dipa Debbarma)
Under Secretary to the
Government of Tripura
Health & FW Department